

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
01-005

2. STATE  
Alaska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 435

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$0

b. FFY 02 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supp. 1 to Attachment 2.6-A, Page 1  
Supp. 6 to Attachment 2.6-A, Page 1-3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supp. 1 to Attachment 2.6-A, Page 1  
Supp. 6 to Attachment 2.6-A, Page 1-3

10. SUBJECT OF AMENDMENT:  
Income Eligibility Standards

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Does not wish to comment

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Bob Labbe*

13. TYPED NAME: Bob Labbe

14. TITLE: Director, Division of Medical Assistance

15. DATE SUBMITTED: March 30, 2001

16. RETURN TO:

Division of Medical Assistance  
PO Box 110660  
Juneau, AK 99811-0660

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

APR - 3 2001

18. DATE APPROVED:

APR - 5 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN - 1 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

*TS*

21. TYPED NAME:

*TERESA L. TRIMBLE*

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID AND

23. REMARKS:

3/30

Juneau

## INCOME ELIGIBILITY LEVELS

### A. MANDATORY CATEGORICALLY NEEDY

#### 1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

	Family Size	Need Standard
a. Adult Included (AI)	2	\$ 1028
	3	1156
	4	1284
	5	1412
	each additional	128
b. ANI	1	\$ 564
	2	692
	3	820
	04	948
	each additional	128
c. UP/INCAP	2	\$ 1028
Parent	3	1156
	4	1284
	5	1412
	each additional	128
d. Single Adult		\$ 643

#### 2. Pregnant women and infants under Section 1902(a)(10)(i)(IV) of the Act:

Federal Poverty Guidelines For Pregnant Women	
185%	
Effective beginning 4/1/00	
Family Size	Income Level
1	\$ 1,608
1	2,168
3	2,728
4	3,287
5	3,847

TN No. 01-005 Approval Date 4-5-01 Effective Date January 1, 2001

Supersedes TN No. 00-004

Standards for Optional State Supplementary Payments

AGED

Payment Category	Admin- istered by (Fed/State)	Income Level				Maximum Payment Level		Notes
		Gross		Net		1 Person	Couple	
		1 Person	Couple	1 Person	Couple			
(Reasonable Classification)								
Non-Institutionalized, living independently.	State	\$1590	\$3180	\$984	\$1459	\$892	\$1324	1/ 2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$1590	\$3180	\$814	\$ 1212	\$721	\$1074	1/ 2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$1590	\$3180	\$ 74	\$ 148	\$75	\$150	1/ 2/

1/ **Income Disregard:** Alaska Native Land Claims Settlement  
2/ **Additional Eligibility Criteria:** Individual must be age 18 or older.

Standards for Optional State Supplementary Payments

**BLIND**

Payment Category	Admin- istered by (Fed/State)	Income Level				Maximum Payment Level		Notes
		Gross		Net				
		1 Person	Couple	1 Person	Couple	1 Person	Couple	
(Reasonable Classification)								
Non-Institutionalized, living independently.	State	\$1590	\$3180	\$984	\$1459	\$892	\$1324	1/ 2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$1590	\$3180	\$814	\$1212	\$721	\$1074	1/ 2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$1590	\$3180	\$ 74	\$ 148	\$75	\$150	1/ 2/

1/ **Income Disregard:** Alaska Native Land Claims Settlement  
2/ **Additional Eligibility Criteria:** Individual must be age 18 or older.

Standards for Optional State Supplementary Payments

**DISABLED**

Payment Category	Admin- istered by (Fed/State)	Income Level				Maximum Payment Level		Notes
		Gross		Net		1 Person	Couple	
		1 Person	Couple	1 Person	Couple			
(Reasonable Classification)								
Non-Institutionalized, living independently.	State	\$1590	\$3180	\$984	\$1459	\$892	\$1324	1/ 2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$1590	\$3180	\$814	\$1212	\$721	\$1074	1/ 2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$1590	\$3180	\$74	\$148	\$75	\$150	1/ 2/

1/ **Income Disregard:** Alaska Native Land Claims Settlement  
2/ **Additional Eligibility Criteria:** Individual must be age 18 or older.